### Food and Drug Administration, HHS

filed with the Food and Drug Administration on or before December 26, 1996 for any implanted spinal cord stimulator for bladder evacuation that was in commercial distribution before May 28, 1976, or that has, on or before December 26, 1996 been found to be substantially equivalent to an implanted spinal cord stimulator for bladder evacuation that was in commercial distribution before May 28, 1976. Any other implanted spinal cord stimulator for bladder evacuation shall have an approved PMA or a declared completed PDP in effect before being placed in commercial distribution.

[44 FR 51730-51778, Sept. 4, 1979, as amended at 52 FR 17740, May 11, 1987; 61 FR 50708, Sept. 27, 1996]

## §882.5860 Implanted neuromuscular stimulator.

- (a) Identification. An implanted neuromuscular stimulator is a device that provides electrical stimulation to a patient's peroneal or femoral nerve to cause muscles in the leg to contract, thus improving the gait in a patient with a paralyzed leg. The stimulator consists of an implanted receiver with electrodes that are placed around a patient's nerve and an external transmitter for transmitting the stimulating pulses across the patient's skin to the implanted receiver. The external transmitter is activated by a switch in the heel in the patient's shoe.
- (b) Classification. Class III (premarket approval).
- (c) Date PMA or notice of completion of PDP is required. A PMA or notice of completion of a PDP for a device described in paragraph (b) of this section is required to be filed with the Food and Drug Administration on or before July 13, 1999 for any implanted neuromuscular stimulator that was in commercial distribution before May 28. 1976, or that has, on or before July 13, 1999, been found to be substantially equivalent to an implanted neuromuscular stimulator that was in commercial distribution before May 28. 1976. Any other implanted neuromuscular stimulator shall have an approved PMA or declared completed

PDP in effect before being placed in commercial distribution.

[44 FR 51730-51778, Sept. 4, 1979, as amended at 52 FR 17740, May 11, 1987; 64 FR 18329, Apr. 14, 1999]

## §882.5870 Implanted peripheral nerve stimulator for pain relief.

- (a) Identification. An implanted peripheral nerve stimulator for pain relief is a device that is used to stimulate electrically a peripheral nerve in a patient to relieve severe intractable pain. The stimulator consists of an inplanted receiver with electrodes that are placed around a peripheral nerve and an external transmitter for transmitting the stimulating pulses across the patient's skin to the implanted receiver.
- (b) Classification. Class II (performance standards).

## §882.5880 Implanted spinal cord stimulator for pain relief.

- (a) Identification. An implanted spinal cord stimulator for pain relief is a device that is used to stimulate electrically a patient's spinal cord to relieve severe intractable pain. The stimulator consists of an implanted receiver with electrodes that are placed on the patient's spinal cord and an external transmitter for transmitting the stimulating pulses across the patient's skin to the implanted receiver.
- (b) Classification. Class II (performance standards).

## § 882.5890 Transcutaneous electrical nerve stimulator for pain relief.

- (a) *Identification*. A transcutaneous electrical nerve stimulator for pain relief is a device used to apply an electrical current to electrodes on a patient's skin to treat pain.
- (b) Classification. Class II (performance standards).

## \$882.5900 Preformed craniosynostosis strip.

(a) *Identification*. A preformed craniosynostosis strip is a plastic strip used to cover bone edges of craniectomy sites (sites where the skull has been cut) to prevent the bone from regrowing in patients whose skull sutures are abnormally fused together.

### § 882.5910

(b) Classification. Class II (performance standards).

### §882.5910 Dura substitute.

- (a) *Identification*. A dura substitute is a sheet or material that is used to repair the dura mater (the membrane surrounding the brain).
- (b) Classification. Class II (performance standards).

### § 882.5940 Electroconvulsive therapy device.

- (a) Identification. An electroconvulsive therapy device is a device used for treating severe psychiatric disturbances (e.g., severe depression) by inducing in the patient a major motor seizure by applying a brief intense electrical current to the patient's head.
- (b) Classification. Class III (premarket approval).
- (c) Date PMA or notice of completion of a PDP is required. No effective date has been established of the requirement for premarket approval. See §882.3.
- [44 FR 51730-51778, Sept. 4, 1979, as amended at 52 FR 17740, May 11, 1987]

## $\$\,882.5950$ Neurovascular embolization device.

- (a) Identification. A neurovascular embolization device is an intravascular implant intended to permanently occlude blood flow to cerebral aneurysms and cerebral ateriovenous malformations. This does not include cyanoacrylates and other embolic agents, which act by polymerization or precipitation. Embolization devices used in other vascular applications are also not included in this classification, see §870.3300.
- (b) Classification. Class II (special controls.) The special control for this device is the FDA guidance document entitled "Class II Special Controls Guidance Document: Vascular and Neurovascular Embolization Devices." For availability of this guidance document, see §882.1(e).

[69 FR 77900, Dec. 29, 2004]

### §882.5960 Skull tongs for traction.

(a) *Identification*. Skull tongs for traction is an instrument used to immobilize a patient with a cervical spine

injury (e.g., fracture or dislocation). The device is caliper shaped with tips that penetrate the skin. It is anchored to the skull and has a heavy weight attached to it that maintains, by traction, the patient's position.

(b) Classification. Class II (performance standards).

#### §882.5970 Cranial orthosis.

- (a) Identification. A cranial orthosis is a device that is intended for medical purposes to apply pressure to prominent regions of an infant's cranium in order to improve cranial symmetry and/or shape in infants from 3 to 18 months of age, with moderate to severe ronsynostotic positional plagiocephaly, including infants with plagiocephalic-, brachycephalic-, and scaphocephalic-shaped heads.
- (b) Classification. Class II (special controls) (prescription use in accordance with §801.109 of this chapter, biocompatibility testing, and labeling (contraindications, warnings, precautions, adverse events, instructions for physicians and parents)).

[63 FR 40651, July 30, 1998]

### §882.5975 Human dura mater.

- (a) *Identification*. Human dura mater is human pachymeninx tissue intended to repair defects in human dura mater.
- (b) Classification. Class II (special controls). The special control for this device is the FDA guidance document entitled "Class II Special Controls Guidance Document: Human Dura Mater." See §882.1(e) for the availability of this guidance.
- (c) *Scope*. The classification set forth in this section is only applicable to human dura mater recovered prior to May 25, 2005.

[68 FR 70436, Dec. 18, 2003, as amended at 76 FR 36993, June 24, 2011]

# PART 884—OBSTETRICAL AND GYNECOLOGICAL DEVICES

### Subpart A—General Provisions

Sec.

884.1 Scope.

884.3 Effective dates of requirement for premarket approval.